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CONFIRMATION NO. 1423

Bib Data Sheet

SERIAL NUMBER 10/821,488	FILING DATE 04/09/2004 RULE	CLASS 406	GROUP ART UNIT 3651	ATTORNEY DOCKET NO. GOLS B-2091
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APPLICANTS

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** CONTINUING DATA *****
None

** FOREIGN APPLICATIONS *****
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 6
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TITLE
 Pneumatic carrier

FILING FEE RECEIVED 1028	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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